

# Psychology Internship Program



## VA Sierra Nevada Health Care System

Mental Health Service (116)

975 Kirman Avenue

Reno, NV 89502

(775) 786-7200

<http://www.reno.va.gov/>

**MATCH Number Program Code: 143911**  
**Applications Due: November 2, 2020, 11:59 p.m.**

## Accreditation Status

The pre-doctoral internship at the VA Sierra Nevada Health Care System is fully accredited by the Commission on Accreditation of the American Psychological Association. Our most recent APA accreditation site visit was in December of 2019, and we were subsequently reaccredited for 10 years.

## Psychology Setting

Psychologists are an integral part of the Mental Health Service at our medical center. We maintain close interdisciplinary relationships with psychiatrists, psychiatric nursing, social work, and substance abuse specialists in our department. We currently have 25 psychologists in our various programs. These psychologists represent a variety of academic backgrounds, clinical interests, and areas of expertise. We are proud that several of our former interns have returned to be part of our wonderful psychology team!

Our psychologists serve a wide variety of administrative and clinical roles within our department and throughout the medical center. Psychologists provide services through the Mental Health Clinic, Behavioral Medicine and Neuropsychology programs, the Psychosocial Rehabilitation and Recovery Program (PRRC), the Addictive Disorders Treatment Program (ADTP), the PTSD Clinical Team (PCT), Integrated Behavioral Health Care (IBHC), our Inpatient Behavior Health Unit, the Community Living Center (CLC) and Home-Based Primary Care (HBPC) programs, and our Healthy Living Team. Our psychologists also serve in important leadership roles throughout the medical center, with memberships on committees and task forces outside of Mental Health including the Palliative Care Team, Pain Management Panel, the facility Ethics Committee, and Wellness/Whole Health programs. Psychologists from our medical center have also been appointed to positions at the regional level (Veterans Integrated Service Network 21) in program development and evaluation positions. Several psychologists hold academic appointments with the School of Medicine and/or the Psychology Department at University of Nevada - Reno.

Our facility also serves as a training site for Residents in Psychiatry, Pharmacy, Dentistry, Optometry, Internal Medicine, and Surgery, as well as Nursing students and Social Work Interns. We offer practicum opportunities students from APA-accredited PhD and PsyD programs.

During the training year, Psychology Interns provide consultation and treatment to several other health care service departments throughout the medical center, including the inpatient Medical, Surgical, ICU, Psychiatry, and Community Living Center Units, the Primary Care clinics, and the Emergency Department.

## ***Training Model and Program Philosophy***

The VA Sierra Nevada Health Care System is committed to the training of professional psychologists consistent with a practitioner-scholar training model. Within a supportive and collegial atmosphere, we seek to facilitate development of a reflective approach to practice that integrates empirical knowledge and delivery of clinical services. Interns are viewed as making the transition from the student role to the professional colleague role over the course of the training year, honing clinical skills and competencies ultimately required for independent practice. Opportunities are offered for continued training in areas of practice with which interns may already be familiar, as well as introduction to assessment strategies, treatment orientations, and other clinical challenges that may be unfamiliar.

At the start of the training year, interns undergo two weeks of orientation to the Mental Health Service and to the medical center. They visit rotation sites and meet with potential supervisors to compose a training experience that best fits their interests and needs. Trainings are provided in areas such as risk assessment; the VA electronic medical records system; diversity and multicultural issues; military culture, values, and traditions; and other relevant topics. This is also the opportunity to visit each program within the Mental Health Service, which exposes our new interns to the variety of services we offer as well as helps them better define their rotation interests. The Training Director acts as an advocate for interns and other psychology trainees at the facility. The Director meets regularly with interns as a group and individually to hear and respond to their training needs and concerns.

Interns receive informal feedback from supervisors throughout the year. In addition to formal rotation evaluations by rotation supervisors, interns are also evaluated mid-year and at the end of the training year through a comprehensive competency evaluation provided by the Training Director and the Training Committee. Evaluations emphasize the intern's strengths and identify areas in need of improvement. In turn, interns evaluate their supervisors and the supervision experience. Evaluations are mutually shared and discussed between intern and supervisor in an atmosphere that fosters personal and professional development. Written summaries of these evaluations are furnished to the intern. The mid- and end-of-year comprehensive competency evaluations are sent to the Director of Clinical Training at the intern's graduate institution, along with a narrative report of progress.

It is expected that interns will differ in the extent to which they require training in the required competencies and that there may be skills that require focused attention in order to meet competency standards. These issues are typically addressed in supervision, but if significant competency deficits are noted in any of these areas, a formal remediation plan may be established to ensure that those areas needing strengthening are addressed. If we determine that required competency deficits cannot be remediated sufficiently during the internship year, provisional completion of the internship and/or termination from the program will be considered. There may also be instances where an intern's behaviors, attitudes, or other characteristics impact the learning process, relationships with others, and/or patient care. Similar to deficits in training, this is initially addressed informally in individual supervision but may also lead to a remediation plan being implemented or, in cases where remediation efforts are unsuccessful, dismissal from the program.

## ***Program Aims & Required Competencies***

In alignment with the APA Council on Accreditation's Standards of Accreditation (<http://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>), our program has articulated the following Vision Statement, Aims, and required Competencies:

**Vision Statement:** *“To prepare our psychology interns for long-term success in health service psychology.”*

**Aims:**

1. To develop in our interns strong core generalist skills in health service psychology through competency-based supervised training.
2. To prepare interns to function competently within an integrated health care system, particularly the Veterans Health Administration.
3. To support our interns in preparing for the next step in their professional careers.

**Profession-Wide Required Competencies:**

Research

Ethical and Legal Standards

Individual and Cultural Diversity

Professional Values, Attitudes, and Behaviors

Communication and Interpersonal Skills

Assessment

Intervention

Supervision

Consultation and Interprofessional/Interdisciplinary Skills

**Program-Specific Required Competency:**

Working With Military Veterans.

## ***Program Structure***

Our internship offers full-time, generalist training in the practice of professional psychology within a multidisciplinary Veterans Affairs medical center. We accept 4 interns per year. Our program is fully accredited by the American Psychological Association and complies with all standards and regulations of the Association of Psychology Postdoctoral and Internship Centers (APPIC), as well as APPIC Match Policies and Procedures. **The 2021-22 training year begins on Monday, August 2, 2021 and ends on July 29, 2022.** The anticipated federal stipend is \$26,234.

The internship training year includes **three, 4-month long rotations** in the practice of clinical psychology. Required and optional rotations are described below. We utilize an apprenticeship model of training, where the intern begins each rotation by observing their supervisor and then gradually transitions into more independent functioning. Our program emphasizes training in the practice of clinical psychology, so

research activities will generally be limited to those that directly support or are adjunctive to clinical work. Administrative and program evaluation experiences may be possible in various rotations or as a long-term experience, which is described in the following section. One benefit of our smaller program is that all interns have the opportunity to take part in a variety of rotations of their choosing.

The program also includes **weekly didactic seminars**, covering topics such as psychological assessment, individual and cultural diversity, law and ethics, and empirically supported treatments, as well as a noontime **“Diversity Lunch and Learn” training opportunity** every four weeks on diversity and multicultural awareness. A monthly **Journal Club** provides interns with an opportunity to present and interact with each other on current research relevant to the work of a psychologist and to consider how the research might be applied to practice, individually and systemically. **Group Supervision**, usually provided by the Training Director, is offered to enhance both personal and professional growth as the year progresses. Cases are discussed, as well as issues related to professional development, and in the second half of the year, interns are given the opportunity to engage in peer supervision. We also provide **training in formal case presentations**, which includes a final presentation by each intern at the end of the year before our clinical staff. In addition, we offer a **Mentor Program**, in which interns can select a psychologist with whom they can meet individually throughout the year for ongoing support and encouragement and to discuss concerns and professional development issues in a safe, confidential atmosphere.

We encourage interns to adhere to a 40-hour work week, although fluctuations in workload may sometimes require limited overtime work or use of free time to pursue training related readings. Approximately 32 hours of the 40-hour work week are devoted to patient contact and related administrative duties, with the remaining 8 hours reserved for seminars, supervision meetings, and other miscellaneous duties. Interns receive at least 4 hours of supervision per week, including at least two hours of scheduled individual supervision, 1 hour of weekly group supervision, and impromptu supervision contacts throughout the week. Direct in-room supervision of clinical work is provided, and some supervisors utilize audiotaping of client sessions to enhance the provision of individual supervision. Consistent with our commitment to graduated levels of responsibility, there are opportunities to co-lead psychoeducational and psychotherapy treatment groups with supervisors or professionals of other disciplines and to observe the administration of psychological tests prior to transitioning into independent test administration. Interns may have the opportunity to provide mentoring and supervision to psychology and/or social work trainees, though availability of this experience cannot be guaranteed at this time.

## ***Training Experiences & Rotations***

We anticipate the following rotations in the 2021-22 academic year:

- **Mental Health Clinic (full- or half-time):** During this rotation, interns have an opportunity to practice conducting intake interviews, outpatient group and individual psychotherapy, and completing psychological assessments such as personality, ADHD, or Learning Disorder. On this rotation, interns will have an opportunity to continue working on their differential diagnosis skills, building their repertoire of evidence-based treatments in both individual and group modalities, working on formulation of and ongoing case conceptualization, as well as continue finetuning their clinical skills through close individual supervision. Given the general mental health nature of MHC, it provides an especially ideal setting for the further development of differential diagnosis and case conceptualization competencies. Examples of some of the current groups include Cognitive Behavioral Therapy for Depression, Anxiety, and Insomnia; Acceptance and Commitment Therapy for Mood Concerns; Anger Management; Mindfulness; and much more. The MHC is comprised of team members from multiple disciplines, including psychologists, social workers, nurse practitioners, and psychiatrists. Interns are encouraged to interact and consult with other disciplines during formal program meetings and as needed.

- **Behavioral Medicine Consultation and Liaison Service (BMed) (full- or half-time):** During this rotation, the intern will have the opportunity to work with the Behavioral Medicine Consultation & Liaison Service. The psychologists on this team respond to consultation requests from the inpatient Medicine, Surgery, ICU, and Community Living Center units. The intern will conduct brief neuropsychological screening evaluations, utilize interview and questionnaire data to evaluate psychiatric symptoms, and generate reports describing their findings to assist physicians, nurses, and other treatment team members in planning for patient discharge and ongoing outpatient care. Interns will also participate in daily rounds where team members discuss current patient status and there will be ample opportunity to interface with attending physicians and resident physicians, as well as other team members, from the medicine, surgery, geriatrics, and palliative/hospice teams. Interested interns may also work with the psychologist covering Home Based Primary Care. The intern will also spend time working with the psychologists and social workers covering the Emergency Department, evaluating Veterans who present with a variety of psychiatric concerns, including those with suicidal/homicidal ideation and other psychiatric crises. Interns are encouraged to take part in outpatient treatment modalities that relate to the practice of Behavioral Medicine, e.g., pain management group, cancer support group, CBT for insomnia, smoking cessation classes, etc.
- **PTSD Clinical Team (PCT) (full- or half time):** During this rotation, the intern will be trained in and conduct intake evaluations and psychotherapy with patients who are referred to the PTSD Clinical Team (PCT) for evaluation of PTSD and trauma/stressor-related disorders. Psychotherapy groups which may be open to intern participation and co-facilitation include Seeking Safety, Cognitive Processing Therapy (both co-ed and women's groups), Skills Training in Affective and Interpersonal Regulation (STAIR), CBT-Insomnia, and Imagery Rehearsal Therapy (IRT). Interns also conduct individual psychotherapy, which often focuses on teaching coping skills for PTSD. Interns who demonstrate strong foundational psychotherapy skills may be approved to provide individual trauma focused psychotherapy (Cognitive Processing Therapy or Prolonged Exposure). The intern will attend our weekly interdisciplinary team meetings. Training focuses on developing strong differential diagnostic and treatment planning skills.
- **Addictive Disorders Treatment Program (ADTP) (full- or half-time):** The ADTP rotation consists of evaluations and interventions for veterans referred for substance use disorders and/or gambling disorder in an outpatient setting. Evaluation experiences will include screening appointments, intakes, and psychological assessment batteries, with particular emphasis on differential diagnostic skills and formulating appropriate treatment recommendations. Intervention experiences will primarily be in the group format, with treatment modalities ranging from CBT, Mindfulness-based, and 12-Step approaches. Individual intervention opportunities may also be available, with particular emphasis on developing Motivational Interviewing skills. Other opportunities may include inpatient consults, inpatient groups, individual and/or group interventions for gambling disorder, and exposure to Suboxone (buprenorphine) treatment for opioid use disorder with medical staff. Interns will attend weekly case conference and staff meetings with the multidisciplinary ADTP team.
- **Integrated Behavioral Health Clinic (half-time):** The Integrated Behavioral Healthcare (IBHC) Program utilizes a blended model, combining a co-located, collaborative care model with care management to address the needs of a diverse patient population presenting in the primary care setting. During this rotation, the IBHC intern collaborates with primary care providers; RNs, and pharmacists on a regular basis. Additionally, other treatment providers (including social work, dietitians, and specialty medical and mental health providers) are consulted on an as-needed basis. It is a busy, relatively fast paced program. Interns who succeed in this rotation learn to quickly assess patient needs via a focused assessment; present the case very concisely to a supervisor or to a physician to inform or to implement immediate plans for change; be available for "curbside" consultations and warm handoffs from medical providers; develop an overall treatment plan for behavioral health intervention, which may include a multidisciplinary approach; and provide brief, evidence-based treatment for a wide variety of both medical and behavioral components of health related issues. Additionally, brief cognitive evaluations are frequently requested and administered by IBHC interns and psychology staff. The intern is included in

both IBHC team and Primary Care staff meetings, as well as other team meetings which may align with training goals or interests.

- **Geropsychology and Home-Based Primary Care (full- or half-time):** Geropsychology offers the opportunity to deliver geriatric services in the Community Living Center, and through Home Based Primary Care (HPBC). The CLC is a skilled nursing facility where interns work with veterans, many of whom are older adults undergoing short-stay or long-stay rehabilitation. The CLC also has dedicated beds for veterans admitted for palliative care for chronic illnesses, and hospice care at the end of life. In contrast, HBPC gives interns exposure to home bound older adults living in the community who are adapting to the challenges of disability and aging in place. In these settings, the intern typically works on interprofessional teams and provides conceptualizations from a biopsychosocial perspective while collaborating with providers from a number of disciplines. In addition, the intern may educate other providers on these teams about psychological and/or aging issues through consultation. The intern performs assessment (e.g., psychological, cognitive, neuropsychological, decision-making and capacity, risk, etc.) and intervention skills commonly used for older adult issues (e.g., grief, end-of-life, caregiving, chronic health problems, role/life transitions, etc.).
- **Neuropsychology (full- or half-time):** During this rotation, the intern will conduct neuropsychological evaluations on veterans referred for testing for a variety of concerns including effects of traumatic brain injury and possible dementia. The intern will gain exposure to a variety of test batteries depending on the referral question and will also be responsible for writing a comprehensive neuropsychological report for each veteran they evaluate.
- **Psychosocial Rehabilitation and Recovery Program (PRRC) (half-time):** During this rotation, the intern will provide services in our intensive outpatient program for veterans diagnosed with serious mental illness (SMI) such as schizophrenia and bipolar disorder. The intern is fully involved in all aspects of the program and will have opportunity to conduct intakes, complete individual recovery plans, provide individual and group therapy, and complete cognitive and personality screenings. The PRRC team works closely with the RANGE team, which provides community case management; interns will have the opportunity to work with this team in the community as well. Interns will work on a multidisciplinary team including psychologists, social workers, psychiatrists, peer supports, and nurse practitioners. Interns will gain exposure to evidence-based treatments for SMI and will be given the opportunity to create groups of interest for this population.
- **Mental Health Inpatient Unit (half-time):** The acute inpatient psychiatric unit provides care to veterans of various genders and ethnicities with a wide range of psychological conditions (including psychotic disorders, affective disorders, trauma disorders, substance use disorders, and neurocognitive disorders). The inpatient rotation provides interns with opportunities to gain experience and expertise in conducting clinical interviews, mental health and risk assessment of Veterans with severe mental illness and acute psychiatric conditions, provide brief individual and group therapies, and serve as members of an interdisciplinary treatment team in planning and coordinating care. Intern activities will include approximately 60% direct clinical service (assessment and therapy) and 40% administrative duties, including treatment team meetings and documentation of care.
- **Mental Health Leadership and Administration (half-time):** This rotation provides interns the opportunity to work with Mental Health Service leaders to develop an understanding of the administrative roles of psychologists within the VA system. Interns in this rotation will have the opportunity to participate in program development and process improvement projects as well as the opportunity to understand the collaborative relationship of senior leadership across services through participation in senior level meetings and possibly facility-level projects. Trainees will become familiar with and help examine data to identify opportunities for improvement and the support of best practices. Exploration of leadership styles and approaches will occur through readings, exercises, and discussions.

- **Healthy Living Team (half-time):** Interns in this rotation will have the opportunity to work in close collaboration with the Healthy Living Team (in particular, the Health Behavior Coordinator) and Whole Health Program. The intern will assist the HBC to develop, adapt, and implement health behavior interventions for the promotion of general health, and to address health risk behaviors as part of disease prevention and chronic disease management. (e.g., weight loss and maintenance; tobacco use cessation; promoting patient self-management interventions targeting issues such as increasing regular physical activity, healthy eating, mindfulness, sleep hygiene, and related issues). These interventions will be primarily (perhaps exclusively) delivered in group format (in person or virtually). This position will be roughly 25%-50% clinical, with the rest of the time devoted to educational activities; participating in trainings for VA staff, developing presentations, protocols, or other educational materials for staff and/or veterans as needed. Interns will participate in motivational interviewing and similar staff trainings and clinician coaching on an as-needed basis. By the end of this rotation, interns are expected to be familiar with evidence-based interventions for health behavior change, basic motivational interviewing skills, and the impact of health behavior choices on disease prevention and management.

Additional rotations may be included as staffing and program resources allow.

**LONG-TERM EXPERIENCE:** Psychology interns are encouraged to participate in one year-long, or one or two six-month long, supervised experiences to explore specific areas of clinical interest and in which to receive more in-depth training. Interns will be provided with a list of available supervisors and their specialty areas (e.g., PTSD, addictions, DBT, neuropsychology, geropsychology, ACT, eating disorders, Motivational Interviewing, pain management, smoking cessation, MOVE (weight loss program), SMI, personality assessment, etc.). Interns will be allowed to choose a supervisor based on availability, interest, gaps in training, or enhancement of current skills.

#### Assessment and Psychotherapy Requirements

a. **Assessment Requirement** – Each intern is required to complete at least six (6) comprehensive integrated psychological assessments during the course of the internship year. This is a minimum requirement, and particular rotations may require more, such as Neuropsychology. These can be provided within the context of the intern's current rotation or through the Assessment Clinic. These assessments will include a review of available patient records, a thorough biopsychosocial interview, a mental status examination, and administration of appropriate symptom inventories and standardized psychological tests, as appropriate to the case and referral questions. Assessment supervision may be provided by the primary supervisor, another psychologist within the intern's current rotation, or another qualified psychologist within the Mental Health Service who will take full supervisory responsibility for this part of the intern's work.

b. **Psychotherapy Requirement** – Interns are expected to carry at least two longer-term individual psychotherapy cases across the course of at least 6 months during the training year. This may occur within the context of the intern's current rotation or in conjunction with their rotation activities. The goal is to develop or enhance basic psychotherapy skills through the course of a complete episode of care, i.e. beginning, middle, and end phases of treatment. Cases may be assigned by the primary supervisor or, in rotations where longer-term psychotherapy is not part of the range of services normally provided, by another psychologist who has agreed to supervise those cases. Therapy modalities may include specific evidence-based treatments such as CBT for Depression, ACT, DBT, PE, CPT, or others, but may also include other modalities (e.g. psychodynamic, interpersonal, and behavior therapies) not necessarily considered by VA to be evidence based.

## ***Requirements for Completion***

Our required competencies were listed in an earlier section of this document. Specific skills for each competency area are rated across 6 levels:

- 1 = Does not demonstrate basic skill on this element
- 2 = Demonstrates minimal skill on this element
- 3 = Demonstrates basic skill but requires further supervisory instruction
- 4 = Demonstrates intermediate skill
- 5 = Demonstrates an intermediate-to-advanced level of skill on this element
- 6 = Demonstrates an advanced level of skill on this element

### **Minimum Levels of Achievement (MLAs):**

Rotation Evaluations: It is expected that most interns will progress from **3 to 5** on each required element on rotation evaluations over the course of the training year. At conclusion of the **first rotation**, an intern is expected to achieve ratings of “3” or higher on at least 75% of the elements in each competency area, with no ratings below “2”. At conclusion of the **second rotation**, ratings of “4” or higher on at least 75% of elements are expected, with no ratings below “3”. By the conclusion of the **third rotation**, an intern is expected to achieve a rating of “5” on 75% of all elements in each competency area, with no ratings below “4”.

Mid- and End-of-Year Comprehensive Competency Evaluations: For the mid-year Comprehensive Competency Evaluation, interns are expected to achieve ratings of “4” or above on all “Critical Elements,” which are identified with “CE” next to those items. Ratings of “3” or above are expected on all “non-Critical” elements by mid-year. On the final, end-of-year Comprehensive Competency Evaluation, ratings of “5” or above are required on all Critical Elements. Of the remaining non-Critical elements, ratings of “5” or above are required on at least 75% of those elements, with no elements lower than “4”. Performance below the expected levels will trigger a review of the intern’s progress by the rotation supervisor(s) and the Training Committee to determine if remediation, probation, or other actions are necessary.

Should a trainee not achieve competency goals as described above, a collaborative, written remediation plan may be established by rotation supervisor(s), the Training Committee, and the Training Director. Any rating of “1” will require development of a remediation plan, while ratings of “2” will result in discussions between rotation supervisors, the Training Committee, and the Training Director to determine whether a remediation plan is necessary to help the intern progress in the program. Ratings less than “4” at the end of the training year in any competency area may result in requirements for continued internship training and/or a “provisional” recommendation by the Training Director when state licensing boards or employers request verification of experience. Interns who receive ratings of less than “4” on the final Comprehensive Competency Evaluation may also be designated as having failed the program, depending on the nature and seriousness of the competency deficit(s). An intern who is unable to meet the program MLAs by the end of the training year will receive limited recommendations from the Training Director that outline those settings in which the former intern can and cannot function adequately.

Our Internship Handbook includes guidelines for Interns to seek redress when they believe they are not being evaluated fairly or if they believe they have been the target of discrimination or other unfair treatment by supervisors or other staff.

## ***Facility and Training Resources***

Each intern is provided with office space in the medical center equipped with a VA networked computer. All computers have access to the VA Computerized Patient Records System (CPRS), the VA Vista system, e-mail, internet, and VA intranet. Telephones with private voicemail are also provided. Interns will be issued voice recording equipment, as needed, for the purpose of recording and reviewing psychotherapy sessions with their rotation supervisor. Textbooks on topics such as psychodiagnostics,



psychotherapy, cultural and individual diversity, law and ethics, and psychopharmacology are also available to interns. The Mental Health Service employs several full-time Medical Service Assistants (MSAs) who provide clerical and administrative support, but professional staff (including interns) are expected to enter their own written notes into CPRS (e.g., typing services are not provided by our clerical staff). Desktop computers include programs such as Word, Excel, Access, and PowerPoint, as well as VA proprietary software programs. Electronic communication between staff and teams occurs primarily through WebEx. The Mental Health Service maintains a “shared drive” where important forms and other information are archived and updated as needed. A folder specifically for internship-oriented forms, resources, and information is also accessible to interns.

## ***Administrative Policies and Procedures***

In addition to earned Annual Leave and Sick Leave, each Intern may be granted up to 5 days of Authorized Absence to attend professional conferences, and/or attend VA post-doctoral or VA employment interviews. Authorized Absence is granted at the discretion of the Psychology Training Director. One day of Authorized Absence may be granted for dissertation defense activities.

Our privacy policy is clear: We will not collect personal information about you when you visit our website. We do not require self-disclosure of sensitive personal information during our interviews.

## ***Training Staff***

Our Psychology Staff members include:

**Kathleen Beckman, Ph.D.**, California School of Professional Psychology, San Francisco, 2019. Clinical Psychologist, PTSD Clinical Team. Professional interests include EBP for trauma treatment, TBI assessment, family/couples therapy, and research/program evaluation. Personal interests include mountain biking, hiking, and spending time with my 3 dogs and husband.

**Jordan Bonow, Ph.D.**, University of Nevada, Reno, 2013. Facility Health Behavior Coordinator. Member, Psychology Training Committee. Professional interests include staff training, Whole Health, health psychology, behavior therapies including third wave therapies, and suicide risk assessment and prevention. Personal interests include hiking, fitness, and family time.

**Adam Bradford, Psy.D.**, Midwestern University, Glendale, AZ, 2013. PTSD Clinical Team Program Manager and Lead Psychologist. Psychology Training Committee member. Professional interests include PTSD coordination of care, Grief and Loss, TBI/PTSD psychological assessment/diagnostic clarification, fitness/alternative therapies for PTSD symptom reduction, Virtual Reality Exposure therapy. Personal interests include skiing, boating, kayaking, hiking, camping, weightlifting, home renovation, vlogging, writing, travel.

**Matt Brooks, Psy.D.**, Loma Linda University, 2010. Staff Psychologist in IBHC. Professional interests include: Gestalt Therapy; integrating alternative approaches to mental health and personal growth (exercise, yoga, plant-based medicine); and Existential Therapy. Personal interests: yoga; crossfit; learning Spanish; hiking; hippie-stuff.

**Lucas Broten, Ph.D.** Western Michigan University, Kalamazoo, 2013. Program Manager for the Integrated Behavioral Health Care (IBHC) team. Professional interests include Acceptance and Commitment Therapy, behavior change in health care settings, brief interventions, and treatment outcome research. Personal interests include travel, camping, hiking, fishing and cooking.

**Drew Carr, Ph.D. Fuller Graduate School, Pasadena CA.** Staff Psychologist in Mental Health Clinic. Professional interests include Acceptance and Commitment Therapy (ACT), clinical behavior analysis, holistic approaches to behavioral health care, dysexecutive syndromes and neuropsychological assessment/ neurobehavior. Personal interest: snowboarding, hiking, music, good food, nature, climbing and very small rocks.

**Kelly Cramond, Ph.D.,** Brigham Young University, 2010. Staff Psychologist in the Behavioral Medicine Program, Certified Brain Injury Specialist (CBIS). Responsibilities include outpatient neuropsychological evaluations and weekly Brain Boosters groups. Professional interests include neuropsychology, brain injury assessment and management, cognitive rehabilitation, and assessment and management of dementia. Personal interests include snowboarding and backpacking.

**James A. D'Andrea, Ph.D., ABPP,** Saint Louis University, 1994. Staff Psychologist in the Community Living Center. Professional interests include CBT for dementia caregivers, managing challenging behaviors in long-term care settings, ethnogeriatrics, capacity evaluations in cognitively impaired older adults, surrogate decision making under conditions of uncertainty, and aging with a disability. Personal interests include cross country glider flying in the Sierras, skiing, and "I'm a Francophile!"

**Eric Diddy, Ph.D.,** Alliant International University-CSPP, Fresno, 2013. Staff Psychologist in the Addictive Disorders Treatment Program. Professional interests include substance use disorders, PTSD, behavioral health, and the integration of spirituality into the therapeutic process. Personal interests include skiing, mountain biking, kayaking, traveling, scuba-diving, and fitness, and I'm a certified foodie.

**Marie R. Ehrler, Ph.D.,** Palo Alto University, 2012. Staff Psychologist in the Mental Health Clinic and Psychological Assessment Clinic. Professional interests include diagnostic assessment, personality assessment, neuropsychological assessment, DBT, drug abuse research, and psychosis. Personal interests include gardening, cooking/baking, and 4-wheeling.

**Kris Harris, Ph.D.,** Southern Illinois University, Carbondale, 2013. Supervisor, Mental Health Clinic. Completed EBP training through the VA for Integrated Behavioral Couples Therapy and Cognitive Behavioral Therapy for Depression. Also trained in Dialectical Behavior Therapy. Professional interests include anxiety, anger, depression, eating disorders/body image, personality disorders, identity concerns, relationship distress, and family of origin concerns. Personal interests include playing music, reading, hiking, fitness, my dogs, video games, and photography.

**Deborah Henderson, Ph.D.,** University of Nevada, Reno, 2006. Facility Health Behavior Coordinator and lead tobacco clinician. Part of the Reno VA Healthy Living Team, operating within the Whole Health framework. I am also the "MOVE!" Weight Management Program behavioral health provider. Professional interests include behavioral health interventions for the prevention and management of chronic illness (with a particular interest in diabetes and weight management); behavioral interventions generally; ACT; and stress management. Personal interests include spending time with my (really big) dogs, working on becoming a Master Gardener, countless DIY home improvement projects, reading good books, and spending time with my husband and a nice glass of wine.

**Sarah "SJ" Jutrzonka, Ph.D.,** Palo Alto University, 2016. Psychologist Integrated Behavioral Health Clinic. Professional interests include sexual health and sexual medicine, brief dementia/memory assessment and treatment, sleep (treatment), health behavior interventions, trauma and PTSD, individual and group evidence-based treatment, ethics in psychology, and research in sexual health/medicine. Personal interests include intellectual pursuits, indoor/outdoor activities, (NHL) hockey = happy place. Self-care includes laughing, my 2 corgis (a lot of time laughing at my corgis), good food + good people = good times.

**Katherine McKenzie, Psy.D.,** PGSP-Stanford PsyD Consortium, 2013. Staff Psychologist on the PTSD Clinical Team. Member, Psychology Training Committee. Trained in Prolonged Exposure Therapy, ACT,

TEAM-CBT, biofeedback, and certified in Cognitive Processing Therapy. Professional interests include cognitive-behavioral therapies, acceptance-based practices, and chronic pain management. Personal interests include slow and never-ending home renovation, high desert gardening, and coercing small children to go play outside.

**Yelena Oren, Ph.D.**, University of Nevada, Reno, 2015. Staff Psychologist in the Mental Health Clinic. Member, Psychology Training Committee. Professional interests include behavior therapies including third wave therapies, anxiety disorders, chronic illness, chronic pain, stress management, sleep, trauma, integrated behavioral health, cultural influences on treatment, and psychotherapy process. Personal interests include spending time with my family, traveling, reading, hiking, and cooking.

**Jessica Peltan, Ph.D.**, Idaho State University, 2012. Deputy Chief, Mental Health Service. Member, Psychology Training Committee. Professional interests include staff development, quality improvement, interdisciplinary care, treatment of substance use disorders and PTSD, and addressing homelessness. Personal interests include, hiking, travelling, soccer, and spending time with my pets and family.

**Carol Randall, Ph.D.**, University of Nevada, Las Vegas, 2010. Staff Psychologist in the Behavioral Medicine Program, with concentration on the Mental Health Inpatient Unit (MHU). Professional interests include assessment and treatment of severe mental illness, neuropsychology, medical and health psychology, and the integration of spirituality and mental health. Personal interests include spending time with family, camping, traveling, reading, and writing.

**Samantha Schilling, Psy.D.**, Adler University, Chicago, IL., 2017. Home-Based Primary Care (HBPC) Psychologist. Professional Interests include military psychology, health psychology, several EBPs (MI, CBT, ACT, and PST), death, dying, & bereavement, TBI, and the variety of dementias and neurodegenerative disorders (ALS, Huntington's Chorea, etc.). Personal interests include cycling, hiking, running, reading, meditation, and bird watching.

**Michele Steever, Ph.D.**, University of Nevada, Reno, 2009. Staff Psychologist in the Psychosocial Rehabilitation and Recovery Program (PRRC). Professional interests include serious mental illness, addictions, DBT, FAP, and psychotherapy process. Personal interests include knitting, traveling, being a fun mom, and incorporating movie quotes into everyday conversation.

**Cynthia J. Villaverde, Ph.D.**, Texas Tech University, 2011. Staff Psychologist in the Addiction Disorders Treatment Program (ADTP). Member, Psychology Training Committee. Professional interests include: Acceptance & Commitment Therapy (ACT), depression, diagnostic assessment, motivational interviewing, addictive behaviors, harm reduction, and anger management. Personal interests include spending time with family and friends, completing home projects, having too many animals (e.g., dogs, snake, guinea pigs, etc.), trying to keep my hydrangeas alive in the Nevada heat, reading, hiking, snowboarding, and music.

**Valerie L. Williams, Ph.D.**, University of Alabama at Birmingham, 1992. Staff Psychologist in the Behavioral Medicine Program. Professional interests include chronic illness, neuropsychology, medical and health psychology, assessment and management of dementia. Personal interests include horseback riding and protecting open lands from development.

**Christine Winter, Ph.D.**, University of Oregon, 1990. Staff Psychologist in the Mental Health Clinic since 2015; prior to that worked at a rural community mental health center for 24 years. Member, Psychology Training Committee. Professional interests include autism spectrum disorder, prescriptive authority for psychologists, and advocacy for clients and our profession AKA politics (am a former school board member and past president of Wyoming Psychological Association). Personal interests include gourmet cooking, snowboarding, soccer refereeing, and visiting wine country.

**John G. Wyma, Ph.D., ABPP**, California School of Professional Psychology, San Diego, 1987. Director of Psychology Training, Telehealth Psychologist. Professional interests include psychology training; treatment of depression, anxiety, chronic pain, and PTSD; program development; and integration of psychology and spirituality/faith. Personal interests include visits with my children and grandchildren; hiking and fishing (pretty much anything outdoors); travel; music of all kinds; gardening; and discovering excellent “mom and pop” ethnic restaurants.

**Don Yorgason, Ph.D.**, University of Memphis, 2011. Substance Use Disorder Specialist on the PTSD Clinical Team. Member, Psychology Training Committee. Professional interests include addictive behaviors, cultural influences on treatment, PTSD, motivational interviewing and psychotherapy process. Personal interests include reading, playing music, home improvement projects, long-distance running, and family time.

**Sheila Young, Ph.D.**, Utah State University, 1990. Psychology Program Manager, Behavioral Medicine Programs and Chair of the Healthcare Ethics and Research and Development Committees. Professional interests include consultation and liaison with medicine, surgery, and geriatrics, health psychology, neuropsychology, end of life care; professional ethics for psychologists, professional licensure and practice issues.

## ***Application & Selection Procedures***

### **OUR APPIC INTERNSHIP MATCHING PROGRAM CODE# IS 143911.**

Our program is utilizing the APPIC Application for Psychology Internship (AAPI) process. This means students only need to complete one application for all APPIC registered sites. The AAPI is available through the APPIC web site, [www.appic.org](http://www.appic.org). Please go to the APPIC web site for more information on accessing and completing the online application, as well as application deadlines.

Please be aware that the “**Academic Program’s Verification of Internship Eligibility and Readiness**” form is to be submitted ELECTRONICALLY to the internship site by your graduate training director. Instructions regarding this part of the application process are contained in the online AAPI.

Completed applications are initially reviewed by the Training Director to screen for basic eligibility. Enrollment in an APA-approved doctoral program in clinical or counseling psychology and completion of the dissertation or project proposal are required. Applicants must be students in an APA-accredited or provisionally-accredited PhD or PsyD program in Clinical or Counseling Psychology and be approved for internship by their program’s Director of Clinical Training. Other eligibility requirements are listed below.

After initial review by the Training Director, applications that are still under consideration are reviewed by two staff psychologists and then ranked according to a number of criteria, including the applicants’ number of practicum hours, assessment and intervention experience, variety and quality of practicum placements, and letters of recommendation. Applicants’ introduction letters and responses to essay questions on the AAPI are used to gauge the “goodness of fit” between the student and our training site. We seek applicants who have a strong academic foundation from their university program and who have mastered basic skills in standard assessment and intervention techniques from their practicum experiences. The majority of our patients are adults who present with combined medical and psychiatric symptoms, and we prefer applicants who demonstrate an interest in this population through their past exposure to similar training experiences and articulation of such interest in terms of future career goals. See the section below, ***Internship Program Tables***, for more information.

As part of the application process, we hold interviews by invitation only. Due to health concerns presented by the COVID-19 pandemic, we are anticipating that most interviews will be conducted online. If you

cannot make arrangements for online interviews, we will attempt to schedule telephone interviews. Instructions for interviews will be sent when applicants are notified of interview invitations. Please note that due to the changing landscape surrounding the pandemic, we may find it necessary to change dates or interview processes. Interviewees will be notified of any such changes at the earliest opportunity. If interviewees desire a visit to our facility, we will make every effort to make such arrangements.

We greatly value diverse experiences and backgrounds as the building blocks of a rich training environment. As such, the program emphasizes respect for trainees, patients, and staff members representing all forms of diversity, including (but not limited to) ethnicity, religion, gender, sexual orientation, disability, marital status, Veteran status, and political affiliation. Interns are entitled to equal treatment in selection decisions and freedom from harassment or unfair treatment. If an intern feels that any form of discrimination is occurring, he/she is encouraged to discuss this with the Training Director and/or follow the grievance processes which are outlined in our program handbook and/or VA Equal Employment Opportunity policies. The program seeks to obtain a diverse intern class while selecting the most qualified candidates, and individuals from diverse backgrounds are particularly encouraged to apply. The VA is an Equal Opportunity Employer and the training program follows institutional guidelines in this regard. Information regarding VA's commitment to diversity awareness and education can be found at the website for the Office of Diversity and Inclusion (<https://www.diversity.va.gov/>).

Our agency provides reasonable accommodation to applicants with disabilities where appropriate. If you need reasonable accommodation for any part of the application and hiring process, please notify Dr. Wyma, the internship Training Director, by telephone or email. Determinations on requests for reasonable accommodation will be made on a case-by-case basis.

## **NOTIFICATION AND INTERVIEWS**

Applicants will be notified regarding invitations to interview with us by **Friday, November 20, 2020** via e-mail. If you do not have an e-mail address, you will need to phone the Training Director to inquire as to your status. Dr. Wyma's phone is 775-786-7200, x6581.

If you are invited for an interview, **we will ask that you make a firm commitment to one of the dates listed below** or make arrangements for an alternative interview method. Besides the option of a telephone interview, this year we are also offering video interviews, which many applicants and interviewers at other VAs have found to be preferable to telephone interviews. If you are invited to interview with us, we will ask which of these options you would like. Failure to either attend one of our live interview options or take part in a scheduled video or telephone interview will result in your application being withdrawn from further consideration.

If pandemic circumstances allow and you choose to come to Reno to interview, plan on being at the medical center from 8:00 AM until approximately 4:00 PM on the day of your visit. You will be joining other applicants in a group format during the morning hours in meetings with the Training Director and current Psychology Interns and taking a tour of the medical center. During the afternoon, invitees will meet with staff psychologists for individual interviews. The interviews are evaluated according to several factors, including your responses to questions about difficult situations you've handled in the past, questions about difficult diagnostic dilemmas and treatment challenges you've faced, and how well our site aligns with your training needs and interests. We will also ask you to read a case description so that you can respond to structured questions about diagnostic impressions, assessment strategies you might consider using to assist with diagnosis, and possible treatment modalities you believe would be most effective.

## **INTERVIEW DATES FOR 2021-2022 TRAINING YEAR:**

- **Wednesday, January 6, 2021**
- **Wednesday, January 13, 2021**

Our program is participating in the APPIC Match Program, so you will need to obtain an Applicant Agreement Package from National Matching Services, Inc in order to register for the Match. You can download the Applicant Agreement form at <https://natmatch.com/psychint/>. If you do not register, you will not be eligible to match with any APPIC programs. We recommend that you carefully review the official APPIC Match Policies and the Internship Matching Program Schedule of Dates, which are also available at <https://www.appic.org/>.

If you have questions regarding APPIC procedures, their telephone number is (202) 347-0022. The number for National Matching Services is (416) 977-3431.

**For your application to be complete we must receive the following materials by November 2, 2020:**

- Online APPIC Application for Psychology Internship (AAPI).
- Your Curriculum Vitae – to be submitted as part of online AAPI.
- Three letters of recommendation – to be submitted as part of online AAPI.
- Graduate school transcripts – to be submitted as part of online AAPI.
- Your Academic Program Verification of Internship Eligibility and Readiness form – to be submitted by your academic program's Director of Training as part of the online AAPI.

**Any inquiries about our application process can be submitted to:**

John G. Wyma, PhD, ABPP  
Mental Health Service (116)  
VA Sierra Nevada Health Care System  
975 Kirman Avenue  
Reno, NV 89502  
(775) 786-7200, x6581

Otherwise, all materials will be submitted electronically, as part of the online AAPI. **Please read all relevant instructions carefully to assure that transcripts, letters of recommendation, and the Academic Program Verification of Internship Eligibility and Readiness forms are submitted in a timely manner. Applications that are not completed by 11:59 pm PST on November 2, 2020 will not be considered, even if portions of the application have been submitted prior to that date and time.**

As a member of the Association of Psychology Postdoctoral and Predoctoral Internship Centers (APPIC), our program follows all APPIC policies regarding the intern selection process. This internship site strictly abides by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking related information from any applicant. You are encouraged to read or download the complete text of their regulations governing program membership and the match process from APPIC's Website.

**ELIGIBILITY REQUIREMENTS FOR ALL VA PSYCHOLOGY INTERNSHIP PROGRAMS**

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. **U.S. Citizenship.** HPTs who receive a direct stipend (pay) must be U.S. citizens. Trainees who are not VA paid (without compensation-WOC) who are not U.S. citizens may be appointed and must provide current immigrant, non-immigrant or exchange visitor documents.
2. **U.S. Social Security Number.** All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.

3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare, and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.
4. **Fingerprint Screening and Background Investigation.** All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, but are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution. Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships). Post-degree programs typically will not have an affiliation agreement, as the HPT is no longer enrolled in an academic program and the program is VA sponsored.
7. **TQCVL.** To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the Affiliate must complete and sign this letter. For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted by your graduate program's Director of Clinical Training and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>.
  - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
  - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the admission criteria of the training program in which you are enrolled.
8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.



9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: <https://www.oit.va.gov/programs/piv/media/docs/IDMatrix.pdf>

Information on eligibility is also available at : <https://www.psychologytraining.va.gov/eligibility.asp>

**Additional information regarding eligibility requirements:**

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations. See 5005-112 at the following link for more information: [https://www.va.gov/vapubs/search\\_action.cfm?dType=2](https://www.va.gov/vapubs/search_action.cfm?dType=2)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

**Specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

*(b) Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:*

- (1) Misconduct or negligence in employment;*
- (2) Criminal or dishonest conduct;*
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;*
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;*
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;*
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;*
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and*
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.*

*(c) Additional considerations. OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:*

- (1) The nature of the position for which the person is applying or in which the person is employed;*
- (2) The nature and seriousness of the conduct;*
- (3) The circumstances surrounding the conduct;*
- (4) The recency of the conduct;*
- (5) The age of the person involved at the time of the conduct;*
- (6) Contributing societal conditions; and*
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.*

## **Current and Past Trainees**

Our intern cohort for 2020-21 consists of trainees from Alliant International University/CSPP San Francisco, Palo Alto University, University of Notre Dame, and Fielding University. Our interns for the 2019-20 came to us from University of Nevada - Las Vegas and University of Nevada - Reno, Argosy University, and Alliant International University/ CSPP - San Francisco. The 2018 -19 cohort came to us



from The Wright Institute, PGSP-Stanford Psy.D. Consortium, La Salle University, and the University of Nevada, Reno. Other programs from which we have received interns have, in recent years, included Alliant University/CSPP (San Diego, Los Angeles and San Francisco campuses), Rosemead School of Psychology, Northern Illinois University, Fielding University, Jackson (Mississippi) State University, University of Denver, and Brigham Young University. Since our program was first accredited by APA (in 1983), we have matched with several students from University of Nevada, Reno.

After graduation, our interns have moved on to a variety of professional positions. We are proud that 6 of our current staff psychologists are former interns. The majority of our interns secure either post-doctoral training positions or employment in professional psychology upon completion of our program. For the three cohorts of 2016-2017, 2017-18, and 2018-19, eleven of the twelve interns secured post-doctoral training positions in both VA medical centers and other prestigious private medical centers. The types of positions that interns have entered since 2000 have included VA medical centers, medical school faculty, university counseling centers, various post-doctoral training programs, and private practice. Typically, our former interns have become licensed psychologists within a year or two of graduation, many in the states of Nevada and California. A 2016 survey of our graduates indicated that, among respondents who had completed our program between 2009 and 2014, 87.5% (21 of 24 respondents) had achieved licensure.

## Internship Program Admissions

**Date Program Tables are updated: 8/26/2020**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

The VA Sierra Nevada Health Care System offers a doctoral internship program to U.S. citizens who are enrolled in a doctoral degree program in Clinical or Counseling Psychology at an APA-accredited institution. We require that applicants have completed at least 1200 total practicum hours (assessment + intervention + supervision) prior to the start of internship. Per VHA policy, all selections are conditional pending a criminal background check and passing a physical examination. Factors considered by the committee in selecting interns include: 1) the breadth and depth of clinical experience obtained through practicum training; 2) scholarly preparation evidenced by academic transcripts, research experience, and publications and presentations; 3) evidence of personal maturity and readiness for internship training; 4) the degree to which the applicant's stated training objectives match the training opportunities available in our setting; and 5) preference to applicants who have completed or are well advanced towards the completion of their doctoral dissertation.

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Total Direct Contact Intervention Hours	Yes		Amount: 200
Total Direct Contact Assessment Hours	Yes		Amount: 100

**Describe any other required minimum criteria used to screen applicants:**

Prior to the start of internship, applicants are expected to have completed at least 1200 total practicum hours (assessment + intervention + supervision). Hours completed should be listed along with anticipated hours, verified by the Director of Clinical Training on the AAPI. Any anticipated hours at the time of the AAPI submission should be explained fully in the applicant's cover letter. In addition, applicants must be U.S. Citizens, and verification of citizenship is required prior to beginning internship. Male applicants born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee.

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	26,234	
Annual Stipend/Salary for Half-time Interns	n/a	
Program provides access to medical insurance for intern?	Yes	
<b>If access to medical insurance is provided:</b>		
Trainee contribution to cost required?	Yes	
Coverage of family member(s) available?	Yes	
Coverage of legally married partner available?	Yes	
Coverage of domestic partner available?	Yes	
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	
Other Benefits (please describe): Dental and vision insurance, life insurance, professional development leave (e.g. dissertation defense, VA post-doctoral or employment interviews, professional conference attendance).		

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2017-2019	
Total # of interns who were in the 3 cohorts	12	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center	1	
Veterans Affairs medical center	7	
Military health center		
Academic health center		
Other medical center or hospital	3	
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		1
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## ***Local Information***

The VA Sierra Nevada Health Care System serves one of the largest geographical areas in the VA system. This area includes much of northern Nevada and northeastern California (some 380,000 square miles) with an estimated veteran population of close to 53,000. Our system also includes outpatient VA clinics located in Minden, NV, Fallon, NV, and Susanville, CA. The Reno-Sparks area and surrounding Truckee Meadows, located at the base of the eastern slope of the Sierra Nevada, has a population of about 456,000. At an elevation of 4,400 feet, Reno's climate is generally sunny and dry, with wide variations in temperature during a 24-hour period.

Reno is just minutes away from the majestic Sierra-Nevada range, with its pine forests and crystal-clear lakes as well as high desert areas complete with ghost towns and historical communities, such as Virginia City, the location of the Comstock gold strike of the 1850s. It offers many exciting opportunities for outdoor recreation, including backpacking, biking, kayaking, boating, fishing, hunting, camping, and skiing (both downhill and cross-country). Beautiful Lake Tahoe, about an hour's drive from Reno, is known around the world for its year-round recreational opportunities. The Reno/Tahoe area contains the world's largest concentration of ski resorts - 19 in all - and has an unusually long ski season.

A wide variety of social and cultural activities are offered throughout the year in Reno. These range from big-name entertainment to community theatre, opera, ballet, community concerts, exhibits at Reno's excellent art museum, and activities held on the University of Nevada-Reno campus. Popular annual events include the month-long ArTown festival, the Hot Air Balloon Festival, Hot August Nights, Burning Man, the Italian Festival, September's National Championship Air Races, Best of the West Rib Cookoff, Street Vibrations, and much more. Many of our former interns from other states have elected to stay in Reno following internship due to the wonderful quality of life here.

Both Carson City, one of the nation's smallest state capitals, and Virginia City, a mining town founded in 1859 and preserved much the way it was during the great Comstock Lode silver strike days, are just a short drive away. Northern California is also easily accessible, with flight time to San Francisco less than an hour, and driving time to Sacramento only two hours.

The information provided in this brochure is designed to provide a general description of our program and medical center setting. We look forward to answering any specific questions you might have by e-mail or telephone. The program Training Director is John Wyma, Ph.D., and his contact information is as follows: Email [john.wyma@va.gov](mailto:john.wyma@va.gov); phone (775) 786-7200, ext 6581.

**The contact information for the APA Commission on Accreditation is:**

**Office of Program Consultation and Accreditation**  
**American Psychological Association**  
750 First Street, NE  
Washington, DC 20002-4242  
202-336-5979  
TDD/TTY: (202) 336-6123  
Fax: (202) 336-5978  
[apaaccred@apa.org](mailto:apaaccred@apa.org)